



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 1Date 11-29-2021Name Quitman Head Start License No. 0404Address 648 McDavid Street Lambert
*Center/Organization/Individual*Purpose Follow-up Director Syliva Lantern

Mileage Start _____ Mileage End _____

County Quitman Telephone No. 662-326-8796

Time In _____ Time Out _____ Total Time _____

Findings/Comments All required documents have been received and approved._____
Center Director/Designee/Individual

Thelma Shegog

Child Care Representative

White Copy - Facility File
Yellow Copy - Operator